



Electronic Payment Agreement Form

Authorization Agreement

I hereby authorize KIPP New Orleans Schools to initiate electronic deposits to my account at the financial institution named below. I also authorize KIPP New Orleans Schools to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold KIPP New Orleans Schools responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until KIPP New Orleans Schools receives a written notice of cancellation from me or my financial institution, or until I submit a new electronic deposit form to accountspayable@kipneworleans.org.

Account Information

Account Type: Checking Savings

Name on Acct _____

Bank Name _____

Account Number _____

Bank Routing # _____

Bank City/State _____



The diagram shows a routing number '222222222' circled in purple and an account number '000 111 555' circled in orange. Labels 'Routing Number' and 'Account Number' are placed above their respective numbers. A small 'FOR' label is positioned above the routing number.

Signature

Authorized Signature: _____ Date: _____

Email Address (optional):
(for notification of payment): _____